

***County of San Diego***

**County Medical Services (CMS) Program**

**Primary Care Handbook**



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CMS Program Primary Care Clinics

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CMS Primary Care Dental Clinics Basic Dental Services



## **Section I CMS Program**

The San Diego County Medical Services (CMS) Program is a County funded, safety net program that provides physical health services to eligible, medically indigent adults.

The CMS Program is managed for the County of San Diego by an Administrative Services Organization (ASO), AmeriChoice. Medical services are provided by community clinics, specialist physicians, and hospitals, which contract with the County of San Diego, Health and Human Services Agency. A list of participating primary care providers and hospitals can be found in Attachment A. Patient services, appeals, authorizations, claims processing and payment are handled by AmeriChoice. Any physician who accepts an authorization to see a certified patient is paid at CMS reimbursement rates. The following services are available to County Medical Services (CMS) Program certified patients:

- **Primary Care Services:** No authorization is needed when primary care services are provided by a contracted Community Clinic.
- **Emergency Department Services:** Coverage for an approved emergency encounter is limited to health services for a physical health condition. Any indigent adult lawfully residing in San Diego County can complete a CMS Treat and Release Application at a CMS contracting hospital and receive emergency services. The patient's application is reviewed and both the patient and the hospital receive notification about the status of the application and the medical service. Claims from any San Diego County hospital will be honored for the CMS certified patient presenting for a covered service.
- **Emergency Admissions:** AmeriChoice provides a single authorization number to the hospital for all services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) days of discharge. Additional visits and/or services require authorization from AmeriChoice.
- **Scheduled Admissions:** The admitting physician must obtain prior authorization from AmeriChoice. Approval is based on CMS scope of services and medical necessity.
- **Supplemental Services:** Primary care providers may authorize limited, non-clinic diagnostic procedures and supplies.



## **Handbook – Online Version**

The following link can be used for accessing the online version of this handbook:

**<http://www2.sdcountry.ca.gov/hhsa/>**

- Click on “Programs”
- Select “Self-sufficiency Programs”
- Click on “View All Services”
- Scroll down to CMS



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## **Important Numbers**

### **AmeriChoice Numbers and Addresses**

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|  |                                      |
|--|--------------------------------------|
| CMS Patient Information Line .....                           | (858) 492-4444                       |
| Eligibility Appointment Line .....                           | (800) 587-8118                       |
| CMS Provider Line (Authorizations, Program Information)..... | (858) 495-1300                       |
| CMS Provider Fax .....                                       | (858) 495-1399                       |
| CMS Provider Claims Line (Claims/Payments) .....             | (858) 495-1333                       |
| AmeriChoice Program Operations .....                         | (858) 492-4422                       |
| CMS/AmeriChoice FAX Number.....                              | (858) 565-4091                       |
| CMS/AmeriChoice Address: .....                               | PO Box 939016<br>San Diego, CA 92193 |
| AmeriChoice County Mail Station .....                        | 0557B                                |

### **County Administration Numbers and Addresses**

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|   |  |
|---|--|
| CMS Program Administration Phone .....                                  | (858) 492-2222                           |
| CMS Program Administration FAX .....                                    | (858) 492-2265                           |
| CMS Program Administration Address .....                                | PO Box 85524<br>San Diego, CA 92186-5524 |
| CMS Eligibility Unit.....   | (858) 492-2200                           |
| Health Coverage Access Division (Eligibility) County Mail Station ..... | 0557E                                    |
| Health Coverage Access Division (Eligibility) FAX .....                 | (858) 492-2270                           |



## Section II Eligibility

To be eligible for CMS services, a patient must:

- have an immediate or long term medical need
- be a US citizen or an eligible alien
- be a resident of San Diego County
- be 21 through 64 years old
- not be linked to Medi-Cal (blind, aged, CalWORKS, pregnant or disabled)
- be within CMS income limits or receive General Relief
- be within CMS resource limits

### Financial Criteria

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home. Income includes, but is not limited to: wages, unemployment or disability benefits, retirement or pension payments.

The CMS Program sets a limit on monthly income based on family size after certain deductions. The chart below shows resource and income limits for the CMS Program.

|             | Resource Limits | Income Limits              |
|-------------|-----------------|----------------------------|
| Family Size | 1989            | (as of 7/1/01)             |
| 1           | \$2,000         | 802                        |
| 2           | 3,000           | 1,084                      |
| 3           | 3,150           | 1,366                      |
| 4           | 3,300           | 1,648                      |
| 5           | 3,450           | 1,930                      |
| 6           | 3,600           | 2,212                      |
| 7           | 3,750           | 2,493                      |
| 8           | 3,900           | 2,775                      |
| 9           | 4,050           | 3,058                      |
| 10          | 4,200           | 3,339                      |
| Over 10     | 4,200           | Additional \$282.00/person |



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### **Citizenship/Eligible Alien Status**

Patients must have U.S. citizenship or eligible alien status and must provide proof of status before certification.

### **Residency**

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients “visiting” from other counties, states, or countries are not eligible.

### **Eligibility Appointments**

Human Services Specialists (HSS) are located in select Community Clinics and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Clinics and Public Health Centers are scheduled by calling (800) 587-8118. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstation Services (HOS) HSS.

### **Standard Eligibility**

Patients apply for standard eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. The HSS issues the decision in a notice of action to the patient. The HSS provides a CMS ID card and Patient Handbook to approved patients.

Initially, patients are approved for a period of 1 to 6 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to 12 months.

Patients receiving General Relief do not complete an application or submit verifications. After verifying the patient’s identity and receipt of General Relief, the HSS gives the patient a CMS ID card and a Patient Handbook.

### **Temporary Eligibility**

1. Urgent Primary Care Application: Patients can apply for short-term eligibility (20 days) at some community clinics by completing an Urgent Primary Care application.
2. Emergency Room Application: Patients can apply for coverage for a single emergency room visit by completing an Emergency Room application at a contracting hospital.



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### Immediate Care

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

### Fraud Referral

When you suspect that a patient is not eligible to CMS, you should call the Provider Relations Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and social security number and the reason you suspect fraud. You can remain anonymous.

### Eligibility Card

CMS patients with standard eligibility receive a CMS Identification Card and a Notice of Action. The ID card and Notice of Action are proof of eligibility; however they do not authorize services. An example of the CMS ID card is shown below.

|   |
|---|
| <b>County of San Diego CMS Program ID Card</b><br><b>(800) 587-8118</b> |
| Name: _____   |
| DOB: _____  |
| *Eligible: _____ thru: _____  |
| <b>*Loss of Eligibility: See #4 on reverse</b>                          |
| Primary Care Clinic: _____  |
| Phone: (     ) _____  |
| Call your clinic if you need health care services.                      |

└─ Front

|  |
|--|
| <ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an emergency room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you alter or misuse this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol> |
| Other Insurance: _____   |
| Patient's Signature: _____   |
| Date Issued: _____   |

Back └─



## **Section III Medical Policy and Scope of Services**

### **Policy**

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for acute and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny coverage if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division.

The following provides a general overview of the CMS program medical criteria and covered services.

### **Medical Criteria**

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

#### **Life–Threatening**

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

#### **Acute**

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

#### **Chronic**

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.



### **Covered Services**

Services covered by the CMS program that **do not** require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment, is always covered
- Follow-up care by a primary care provider for serious or chronic health conditions
- Emergency room care
- Emergency hospital admissions
- Emergency medical transportation
- Emergency dental care
- Formulary medications

Services covered **only when prior authorized** by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications

### **Non-covered Services**

The following services/diagnoses are **NEVER** covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- HIV+ (early intervention) care by primary care



- Organ and bone transplants and all related services
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia
- Non-prescription medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions

#### **Preventive Care**

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual ophthalmology and podiatry evaluation for diabetics
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease
- Immunizations (Tetanus, Hepatitis A and B, pneumovax and influenza vaccines)

#### **Self-Limiting and Minor Conditions**

A visit to a primary care provider to effectively evaluate patient's presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products.



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The following table lists the ICD-9 codes that are subject for review:

|  | ICD-9 Code |
|--|------------|
| Hypercholesteremia   | 272-272.9  |
| Obesity  | 278.0      |
| Refractive disorders   | 367-367.9  |
| Low vision   | 369-369.9  |
| Acute nasopharyngitis  | 460        |
| Dental disorders   |            |
| Repeat services are covered when the provider is a dentist     | 521-529.8  |
| Menopausal disorders (except 627.1 – post menopausal bleeding) | 627-629    |
| Corns and callosities  | 700        |
| Keloid scar  | 701.4      |
| Scar conditions and fibrosis of the skin                       | 709.2      |
| Diseases of the hair   | 704-704.9  |
| Toxic effects of alcohol                                       | 980-980.09 |
| Conditions influencing health status                           | V40-V49    |

These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

#### **Stable Long Standing and/or Congenital Conditions**

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue



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- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

**Limited Ancillary Health Services and Supplies**

- Home health services only for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 year and older refer to BCEDP for diagnostic screening.
- Non-formulary over-the-counter products
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
  - Best visual acuity (with current prescription) is 20/50 or worse
  - Patient must have an chronic health condition that requires ongoing treatment or monitoring by the primary care physician
  - Primary care patient for a minimum of 6 months

**Second Opinion**

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.



## **Section IV Primary Care Services**

During the application process, the patient is asked to select a “medical home” where they will receive their primary medical care. Patients are allowed to have one “non-medical home” visit with a contracted primary care clinic if needed. Authorization is not needed for visits to the patient’s primary clinic; however health conditions must be within the CMS Scope of Services.

The Primary Clinic is also responsible for completing the paperwork for their established patients who are applying for General Relief, State Disability and Social Security Disability. Patients must be receiving care for the stated condition either directly from the primary provider or a referred specialist. A visit for the sole purpose of completing a form is not an approved visit and receives no compensation from the CMS Program.

A primary care visit always includes:

- A face to face encounter with a physician, physician’s assistant or nurse provider for the purpose of examination, diagnosis and treatment of the presenting or chronic medical condition. Primary care providers are employed by the clinic and practice in family or general medicine, internal medicine or gynecology.
- All nursing and supportive services, supplies and equipment provided during the encounter.
- Nutritional counseling and health education are not reimbursed separately, but may be covered by other programs.

Primary care visit may include:

- Diagnostic laboratory tests customarily done by the clinic during a primary care visit
- Plain radiographs (2 view films)
- Simple procedures (injections, basic immunizations, vision, hearing tests, EKG and diagnostic pap smears)

### **Quick Screen**

The purpose of the Quick Screen application process is to provide urgent access to care for patients who are not currently CMS certified but meet medical, financial, residency, and eligible alien requirements.



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## **Application**

Trained clinic personnel use County instructions to screen patients for possible temporary CMS coverage and assist patients in completing the application and budget worksheet. If the patient meets the CMS residence and financial requirements, the patient is given the Instructions for Quick Screen Applicants (CMS-73) which explains the coverage limits.

The clinic must send the complete Quick Screen Application within five (5) days to:

**HCAD / CMS Eligibility Unit  
PO Box 85524  
San Diego, CA 92138  
Or County Mail Stop 0557-E**

Eligibility staff will notify the clinic of the eligibility determination using the CMS-74.

## **Coverage**

1. One (1) CMS Quick Screen Application in a six (6) month period for each patient.
2. Quick Screen eligibility is valid for twenty (20) days. The date of the application is counted as day one (1).
3. Quick Screen services are limited to:
  - a) One (1) primary care visit for evaluation and/or treatment at the clinic site where the application was completed.
  - b) Diagnostic labs, x-rays and pharmaceuticals. The clinic must provide non-clinic vendors with a CMS Program Primary Care Voucher.
  - c) A thirty (30) day supply of CMS formulary medications when filled at a CMS pharmacy (excludes SAV-ON). The clinic must fax the completed and signed CMS-75 to AmeriChoice at (858) 565-4091. Non-formulary medications are never covered under the Quick Screen Eligibility. Patient's medications will be covered **only** after AmeriChoice receives the CMS-75. The patient **must** present a voucher to the pharmacy.
  - d) Two (2) dental visits within the twenty (20) day eligibility period for CMS basic dental services.
  - e) One (1) medically necessary related follow-up primary care visit if visit occurs within the twenty (20) day eligibility period.
4. Services **never** covered by a Quick Screen
  - Specialty Care
  - Inpatient Care
  - Non-formulary medications
  - Emergency room visits
  - CT/MRI or Ultrasounds
  - Medical transportation

## **Billing**



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Bill all quick screen visits with valid Medi-Cal E&M (visit and procedure) codes.

**Referrals**

Authorization is needed for diagnostic tests and professional care that is not within the clinic's scope of practice. A two tiered authorization process is used to authorize non-clinic services.

**Level I – Supplemental Services**

Primary care providers may authorize limited non-clinic services by completing a Primary Care Supplemental Authorization form (CMS-20). Copy two (2) of the form, or a representative listing must indicate the referral target (name of the vendor or physician) and be forwarded to AmeriChoice on a weekly basis. All supplemental authorizations expire 60 days after date ordered, however, when possible, services should be obtained within thirty (30) days. The table following lists these services.

| Diagnostic Studies   | Durable Medical Equipment  | Radiographs   |
|--|--|---|
| <ul style="list-style-type: none"><li>▪ Audiogram</li><li>▪ Cardiovascular stress test</li><li>▪ Doppler</li><li>▪ Echocardiogram</li><li>▪ EEG</li><li>▪ EMG, Limited</li><li>▪ Holter monitor</li><li>▪ Nerve conduction study</li><li>▪ PFT</li><li>▪ Sigmoidoscopy</li><li>▪ Treadmill</li></ul> | <ul style="list-style-type: none"><li>▪ Abdominal truss</li><li>▪ Crutches</li><li>▪ Elastic support brace</li><li>▪ OTC Products<ul style="list-style-type: none"><li>- Orthotics</li><li>- Dressings</li></ul></li><li>▪ Standard one point cane</li></ul> | <ul style="list-style-type: none"><li>▪ Barium enema</li><li>▪ Barium swallow</li><li>▪ IVP</li><li>▪ Sonogram</li><li>▪ Ultrasound</li><li>▪ Upper GI</li><li>▪ X-rays -- 4+ views</li></ul> |

**All Clinics must notify AmeriChoice of all primary care authorizations on a weekly basis.**



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**Level II – Referral Services**

AmeriChoice Medical Management reviews Treatment Authorization Requests (TAR) from clinics and specialists for medical appropriateness covered services. Planned admissions, surgical procedures, ancillary/supportive services, the continuation of specialty care and the following services require authorization from AmeriChoice's Medical Management.

| Diagnostic Studies   | Consults   | DME  |
|--|--|--|
| <ul style="list-style-type: none"><li>▪ CT Scan</li><li>▪ Mammogram under 40 for diagnosis only. Refer patient to Cancer Detection Program for routine screening mammograms.</li><li>▪ MRI</li><li>▪ Non-formulary products</li><li>▪ Nuclear studies</li><li>▪ P.E.T. Scan</li><li>▪ Simple biopsy by a Dermatologist</li><li>▪ Sleep Studies (Attach sleep study form)</li></ul> | <ul style="list-style-type: none"><li>▪ All UCSD services</li><li>▪ Cardiology</li><li>▪ Dermatology</li><li>▪ Endocrinology</li><li>▪ ENT</li><li>▪ Gastroenterology</li><li>▪ Gynecology</li><li>▪ Hernia repair evaluation (with work history form completed and attached)</li><li>▪ Nephrology</li><li>▪ Neurology</li><li>▪ Neurosurgery</li><li>▪ Oncology</li><li>▪ Ophthalmology</li><li>▪ Optometry</li><li>▪ Orthopedics</li><li>▪ Pain Management</li><li>▪ Physical Therapy (evaluation only)</li><li>▪ Podiatry</li><li>▪ Pulmonology</li><li>▪ Rheumatology</li><li>▪ Surgery, Plastic, General and Vascular</li><li>▪ Surgical evaluation (hernia &amp; lipoma)</li><li>▪ Urology</li></ul> | <ul style="list-style-type: none"><li>▪ All soft and durable medical supplies not addresses as covered Level I Services.</li></ul> |



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Providers must submit their request on a CMS-19, CMS Program Request for Referral Services Form (Treatment Authorization Request [TAR], to AmeriChoice with sufficient information to support the requested medical service. Information required includes:

- History & assessment of the stated condition;
- Applicable diagnostic test results;
- Clinical notes specific to the condition, when appropriate

Turnaround time for routine TARs is five to seven working days.

**Complete, accurate and legible information will ensure a prompt response from AmeriChoice.**

### **Urgent TAR**

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's immediate medical condition. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.

If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

### **Approvals**

AmeriChoice will return a listing of approved TARs to the clinic by fax on a daily basis. The clinic is responsible for notifying the patient of the approved referral and forwarding appropriate medical information to the specialist.

If the patient's eligibility is pending or has expired, AmeriChoice will not release the authorization number until the eligibility has been determined. AmeriChoice will send notification indicating approval or denial of the TAR once the eligibility status has been entered into the claims processing system.

### **Denials**

#### **Administrative Denials**

AmeriChoice may deny a TAR for administrative reasons. Administrative denials meet the following criteria:

- TAR documentation does not address the reason for the referral (insufficient information to make a medical determination).



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- The service requested is not within the CMS scope of services
- The request is illegible
- The required supportive documentation and forms are not presented and form is not presented with the request

Providers are notified of administrative denials via the Treatment Authorization Request (TAR) CMS Administrative Denial Form. Patients are notified of denials via a form generated from the claims processing system.

**Medical Denials**

Referrals that pose any uncertainty about medical necessity or conformity with treatment guidelines will be referred to the AmeriChoice Medical Director or Physician Advisor for final determination. Providers will be notified of the administrative denial via the Treatment Authorization Request (TAR) CMS Medical Denial Form. Patients are notified of medical denials via a form generated from the claims processing system.



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**Dental Services**

Limited dental services are available to patients with standard eligibility or Quick Screen eligibility. Services are limited to procedures described in the listing of CMS Primary Care Basic Dental Services located in Attachment B and are available at the following locations:

|  |  |   |
|--|--|---|
| <b>Comprehensive Dental Clinic</b><br>3177 Oceanview Boulevard<br>San Diego, CA 92113<br>(619) 231-9300                              | <b>Fallbrook FHC Dental Clinic</b><br>407 Potter St. Ste. G<br>Fallbrook, CA 92028<br>(760) 731-5743     | <b>FHC San Diego<br/>Grossmont/Spring Valley<br/>Family Dental Clinic</b><br>8788 Jamacha Road<br>Spring Valley, CA 92977<br>(619) 515-2330 |
| <b>FHC San Diego –Logan Heights<br/>Dental Clinic</b><br>1809 National Avenue<br>San Diego, CA 92113<br>(619) 515-2394               | <b>La Maestra Family Clinic</b><br>4185 Fairmont Ave.<br>San Diego, CA 92105<br>(619) 285-8135           | <b>Neighborhood Healthcare<br/>Lakeside/Dental</b><br>10039 Vine Street<br>Lakeside, CA 92040<br>(619) 390-9975                             |
| <b>Neighborhood Healthcare –<br/>Ray M. Dickinson Wellness<br/>Center</b><br>425 North Date<br>Escondido, CA 92025<br>(760) 737-2018 | <b>North Park Dental Clinic</b><br>3544 30 <sup>th</sup> Street<br>San Diego, CA 92104<br>(619) 515-2434 | <b>San Ysidro Health Center<br/>Dental Clinic</b><br>4004 Beyer Blvd<br>San Ysidro, CA 92173<br>(619) 662-4180                              |
| <b>Vista Community Dental Clinic</b><br>1000 Vale Terrace<br>Vista CA 92084<br>(760) 622-5000  |  |   |



### **Optometry Services**

Optometrist services for refractory exam, lenses and frames are limited to certified patients whose corrected visual acuity is 20/50 or worse in one or both eyes, and are receiving ongoing care at a primary care clinic for a chronic condition. Prior authorization from AmeriChoice is required for all optometry services. Claims history and diagnoses are reviewed to determine criteria for ongoing care.

**A patient must be seen by the primary care provider at least three (3) times in a 6-month period to monitor and treat a chronic physical health condition**

### **Pharmacy Services**

The CMS Program covers prescribed medications for all products listed on the CMS formulary. Formulary exceptions are processed by the CMS pharmacy benefit management company. This formulary is modified on a periodic basis, and updates are provided to all participating pharmacy vendors and primary clinics as they occur. Drug limitations (Code I) and directions for obtaining non-formulary prescriptions are detailed in the instruction section of the CMS formulary.

Pharmacies may dispense the full-prescribed quantity of medications for certified CMS patients up to a maximum of a thirty- (30) day supply. The physician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions can be written for the full time period permitted by law.

Patients with quick screen eligibility must present a CMS Program Primary Care Voucher to the community based pharmacy designated by the clinic to receive prescriptions at no charge.

**Sav-On Drugs does not participate in the Quick Screen Program**



## **Section V Complaints and Appeals**

The CMS Complaint and Medical Appeal process provides a method for CMS Program Administration and AmeriChoice to investigate and resolve complaints and appeals filed by patients and providers.

### **Complaints**

A complaint is a written or verbal expression of dissatisfaction with access to care, quality of services, denial of services, etc. Primary care clinics must have an internal complaint process to handle complaints and to monitor quality of services. The clinic must use its internal process to try to resolve patient complaints about clinic services and treatment plans. The clinics may ask AmeriChoice for clarification of program coverage and procedures by forwarding pertinent information to AmeriChoice. AmeriChoice will work with the clinics and patients to facilitate communication and to provide information.

When efforts to resolve the complaints are unsuccessful and the differences between a patient and a provider are irreconcilable, Clinic Administration may ask the patient to transfer to another clinic. Clinic Administration must:

1. Send a written notice to the patient stating that after thirty (30) days the clinic will no longer treat them.
2. Tell the patient to call the CMS Patient Information Line to change primary care provider.
3. Send a copy of the letter with a summary of the patient's medical services to AmeriChoice.

### **Medical Appeals**

The CMS Program utilizes a two tiered appeal process: reconsideration and appeal. Instructions for requesting a review are referenced on the Request for Authorization Denial Notice Form. Patients are encouraged to discuss the denial and other treatment options with their physician before filing an appeal with the AmeriChoice Patient Relations Department.

Both the patient and the requesting provider receive written notification of a medical service denial, and either one may contact AmeriChoice and request clarification or may appeal the denial within thirty (30) days of receiving the denial notice.

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All written and verbal inquiries to AmeriChoice, whether from the patient or the provider, will initiate an investigation. The Medical Appeal Process has two levels. The first level is called a Reconsideration and the second level is called an Appeal. When AmeriChoice denies a Request for Authorization, AmeriChoice sends a written denial notice to the patient and sends a copy of the notice to the Primary Care Provider who requested authorization. Patients should review the denial with the Primary Care Provider and discuss other treatment options. Either the patient or the provider may contact AmeriChoice to obtain clarification or to file a Reconsideration.

### **Reconsideration**

The patient or provider must submit a written request for reconsideration to AmeriChoice within 30 calendar days from the date of the service denial notice. Upon receipt of the request for consideration AmeriChoice will:

1. Contact the patient to clarify the details of the denial.
2. Review the denial and contact the requesting primary care provider or specialty physician to obtain additional medical information or clarification and re-evaluate the request.
3. Seek an opinion from an independent specialty physician, as needed.
4. Send a written decision to the patient, the requesting physician, and the patient's primary care provider within forty-five days after receipt of the reconsideration request.

### **Appeal**

The patient, the patient's authorized representative or provider must submit a written request to the CMS Program Administration within 30 calendar days from the date of the reconsideration decision notice. Upon receipt of the request for an Appeal, AmeriChoice and CMS Program Administration will:

1. Assemble an independent panel and schedule a hearing.
2. Summarize the independent panel's findings and recommendations.
3. Prepare the Final Decision Notice for the Health and Human Services Agency Director's signature.



## **Section VI Inpatient and Emergency Department Services**

### **Inpatient Services**

CMS contracting hospitals are required to notify AmeriChoice of all emergency admissions for potentially eligible or CMS certified patients. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

### **Scheduled Admissions and Outpatient Surgery**

Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by the AmeriChoice Medical Management staff. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

### **Inpatient Follow-up**

One (1) follow-up office visit by the attending physician is included in the approved hospital referral when obtained within thirty 30 days of discharge. Post-operative care associated with the procedure is deemed global and is not separately reimbursed. Any laboratory and x-ray service provided during this visit requires separate authorization.

### **Emergency Department Services**

Emergency Department services, including specialty physician services provided in the ER, are covered when provided in any San Diego acute care hospital for CMS certified patients. Adults who complete the CMS Treat and Release application and meet the CMS financial and residency requirements can be covered at contracting hospitals. The emergency condition must be a physical condition within the CMS Scope of Services.



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Specialist physicians providing care in a contracting emergency department do not need separate authorization; however, the episode must meet the following conditions:

- The patient must be certified CMS eligible for the date of service with a current CMS ID Card or by completing the CMS Emergency Department Treat and Release forms.
- The condition must be included in the CMS Scope of Services.
- The place of service listed on the claim form must be the emergency department at a CMS contracting hospital.

**Emergency Department Follow-up Care**

Office visits following an emergency department episode are not covered by the Treat and Release Application. Patients must complete a Quick Screen application at a clinic or obtain standard certification. Only CMS certified patients are eligible for specialty care when visit(s) are prior authorized by AmeriChoice.

- If the patient is not already CMS certified, the patient must call the **CMS Appointment Line at (800) 587-8118** to schedule an eligibility appointment. The AmeriChoice Customer Service Representatives will screen for CMS eligibility at that time. If the patient appears to meet CMS eligibility criteria, CMS staff will assist the patient in obtaining certification prior to the follow-up office visit.
- Patients needing follow-up by General Medicine or Internal Medicine can receive their care with a CMS primary care provider through the CMS Quick Screen Program.



## **Section VII Claims**

AmeriChoice processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

### **Submission Requirements**

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized.
- Be submitted electronically. When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then submit the other carrier's Explanation of Benefits (EOB) before submitting your claim to AmeriChoice.
- Include the following information:
  - Patient name, birth date, and Social Security Number
  - Date(s) of service
  - Place of service
  - Vendor and group name, address and phone number
  - Provider Tax Identification Number
  - ICD-9 Codes
  - Current RVS, CPT, HCPCS and Medi-Cal/Denti-Cal codes as indicated
  - Authorization number (TAR control number)
  - All documentation and attachments required by Medi-Cal
  - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
- Be submitted within 30 days from the date of services, but no later than July 31 to:

**AmeriChoice  
County Medical Services (CMS) Program  
Claims Office  
PO Box 939016  
San Diego, CA 92193**

### **Checking Claim Status**

AmeriChoice processes claims that are complete and accurate within 30 days of receipt. If you have not received payment within 45 days, you may call (858) 495-1333 to ask about the status of the claim.



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### **Reimbursement**

Checks and the Remittance Advice (RA) are produced twice a month. CMS reimbursement is considered payment in full.

- Specify the CPT codes for **all** services provided by the clinic during the visit.
  - All covered supplemental services provided in the clinic will be paid at Medi-Cal or negotiated rates.
- All CMS dental services (basic and pre-approved) are paid at Denti-Cal rates.
- All pre-approved optometry services are paid at Medi-Cal rates.

The actual utilization and level of the Primary Care Pool fund will be assessed quarterly. If necessary, interim payment rates may be adjusted to ensure, to the greatest extent possible, that the pool will not be depleted prior to the end of the contract year.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any hospital administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for:

- Unauthorized services
- Services not covered in the CMS Program Scope of Services

### **Notification of Changes to Provider Information**

To ensure your check and RA is accurate and timely, immediately notify AmeriChoice's Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or service site)
- Group affiliation
- Tax Identification Number (TIN)

Clinics must provide AmeriChoice's Claims Department with a listing of licensed providers employed by the clinic (MD, DO, RNP and PA). Copies of license numbers and if applicable, DEA numbers are required. Staff additions and any corrections should be forwarded to AmeriChoice as they occur to avoid an unnecessary delay or denial of claims.



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### **Medi-Cal Pending**

CMS covers necessary medical care for certified patients while their Medi-Cal disability evaluation is pending. AmeriChoice will process claims for these patients following standard CMS procedures.

### **Medi-Cal Approved**

AmeriChoice will notify providers of the Medi-Cal approval on the RA. AmeriChoice will deny all claims received after the patient has been approved for Medi-Cal. For claims AmeriChoice has paid:

- Providers must bill Medi-Cal directly once Medi-Cal eligibility is approved
- In the event you receive payment from Medi-Cal for a service previously paid by AmeriChoice, you must reimburse the CMS Program.

### **Appeal Process for Denied Claims**

If a claim submitted to the CMS Program for payment is denied, you may ask for an appeal and must resubmit the claim within 30 days of the denial notification. The reason for the appeal and additional justification for payment must be clearly stated. Send all claims for appeals to the following address:

**CMS Program – Appeals  
Attention: Claims Department  
PO Box 939016  
San Diego, California 92193**

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within 45 calendar days.

### **End of Year Close-Out**

The CMS Program fiscal year ends on June 30 of each year. All claims for services provided to patients certified or referred to CMS in a fiscal year, must be submitted to AmeriChoice by July 31, regardless of authorization or eligibility status.



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**Attachment A..... A**

CMS Program Primary Care Clinics

CMS Program Contracting Hospitals

CMS Program Eligibility Locations

CMS Program Pharmacies

**Attachment B..... B**

CMS Primary Care Dental Clinics Basic Dental Services



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**CMS CONTRACTING HOSPITALS**

**Alvarado Hospital**

6655 Alvarado Road  
San Diego, CA 92120  
(619) 287-3270

**Scripps Memorial – Encinitas**

354 Santa Fe Drive  
(760) 753-6501  
Encinitas, CA 92024

**Fallbrook Hospital District**

624 East Elder Street  
Fallbrook, CA 92028  
(760) 728-1191

**Scripps Memorial – La Jolla**

9888 Genesee Avenue  
La Jolla, CA 92037  
(858) 457-4123

**Grossmont Hospital**

5555 Grossmont Center Drive  
La Mesa, CA 91942  
(619) 465-0711

**Sharp Chula Vista Medical Center**

751 Medical Center Court  
Chula Vista, CA 91911  
(619) 482-5800

**Mercy Hospital**

4077 Fifth Avenue  
San Diego, CA 92103  
(619) 294-8111

**Sharp Coronado Hospital**

250 Prospect Place  
Coronado, CA 92118  
(619) 522-3600

**Palomar Hospital Medical Center**

555 East Valley Parkway  
Escondido, CA 92025  
(760) 739-3000

**Sharp Memorial Hospital**

7901 Frost Street  
San Diego, CA 92123  
(858) 541-3400

**Paradise Valley Hospital**

2400 East Fourth Street  
National City, CA 91950  
(619) 470-4321

**UCSD Medical Center**

200 West Arbor Drive  
San Diego, CA 92103  
(619) 543-6222

**Pomerado Hospital**

15615 Pomerado Road  
Poway, CA 92064-2405  
(858) 613-4000

**University Community Medical Center**

5550 University Avenue  
San Diego, CA 92105  
(619) 582-3516



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**Scripps Memorial – Chula Vista**

435 H Street

Chula Vista, CA 91910

(619) 691-7000



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**CMS PRIMARY CARE CLINICS**

**Borrego Springs Medical Center**

4343 Yaqui Road  
Borrego Springs, CA 92004  
(760) 767-5051

**Comprehensive Health Centers**

3177 Oceanview Blvd.  
San Diego, CA 92113  
\*(619) 231-9300

Downtown  
1855 First Avenue, Suite 300-A  
San Diego, CA 92101  
(619) 235-4211

Lincoln Park  
286 Euclid Avenue, Suite 302  
San Diego, CA 92114  
(619) 527-7330

**Fallbrook Family Health Center**

617 East Alvarado Street  
Fallbrook, CA 92028  
\*(760) 728-3816

**Family Health Centers of San Diego**

Beach Area Family Health Center  
3705 Mission Boulevard  
San Diego, CA 92109  
(619) 515-2444

Chase Avenue Family Health Center  
1111 West Chase Avenue  
El Cajon, CA 92020  
(619) 515-2499

City Heights Family Health Center  
5379 El Cajon Blvd.  
San Diego, CA 92115  
(619) 515-2400

Downtown Family Health Center  
1145 Broadway  
San Diego, CA 92101  
\*(619) 515-2525  
Grossmont/Spring Valley Family  
Health Center  
8788 Jamacha Road  
Spring Valley, CA 91977  
(619) 515-2555

Logan Heights Family Health Center  
1809 National Avenue  
San Diego, CA 92113  
(619) 515-2300

North Park Family Health Center  
3544 30th Street  
San Diego, CA 92104  
\*(619) 515-2424

Sherman Heights Family Health Center  
450 24th Street  
San Diego, CA 92102  
(619) 515-2435

**Imperial Beach Health Center**

949 Palm Avenue  
Imperial Beach, CA 91933  
\*(619) 429-3733

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| <p><b>*Urgent Primary Care</b><br/>applications available at these<br/>clinics</p> |
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**La Maestra Family Clinic**

4185 Fairmount Avenue  
San Diego, CA 92105  
(619) 961-0818

**El Cajon**

855 East Madison  
El Cajon, CA 92020  
\*(619) 440-2751

**San Diego Family Care**

Linda Vista Health Care Center  
6973 Linda Vista Road  
San Diego, CA 92111  
\*(858) 279-9676

Escondido – North Elm Street  
460 North Elm Street  
Escondido, CA 92025  
\*(760) 737-2000

Mid City Community Clinic  
4290 Polk Avenue  
San Diego, CA 92105  
\*(619) 563-0250

Escondido – Pennsylvania Avenue  
641 E. Pennsylvania  
Escondido, CA 92025  
(760) 520-8200

**Mountain Health & Community Services**

High Desert Family Medicine  
44460 Old Highway 80  
Jacumba, CA 91934  
(619) 766-4071

El Capitan Family Health Center  
10039 Vine Street  
Lakeside, CA 92040  
\*(619) 390-9975

Mountain Empire Family Medicine  
31115 Highway 94  
Campo, CA 91906  
\*(619) 478-5311

Mountain Valley  
16650 Highway 76  
Pauma Valley, CA 92061  
(760) 742-9919

Alpine Family Medicine  
1620 Alpine Blvd. #B119  
Alpine, CA 91901  
(619) 445-6200

**North County Health Services**

Ramona Health Center  
217 East Earlham Street  
Ramona, CA 92065  
(760) 789-1223

**Neighborhood HealthCare Escondido**

Community Health Center  
425 North Date Street  
Escondido, CA 92025  
(760) 737-2030

San Marcos Health Center  
150 Valpreda Road  
San Marcos, CA 92069  
(760) 736-6767

**\*Urgent Primary Care  
applications available at these  
clinics.**



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**Operation Samahan Inc.**

Operation Samahan–Camino Ruiz  
10737 Camino Ruiz, Suite 100  
San Diego, CA 92126  
\*(858) 578–4220

Operation Samahan–Highland Ave.  
2743 Highland Avenue  
National City, CA 91950  
\*(619) 474–8686

Tri City Community Health Center  
161 Thunder Drive, Suite 212  
Vista, CA 92083  
\*(760) 631–5030

Vista Community Clinic–West  
818 Pier View Way  
Oceanside, CA 92054  
\*(760) 631–5250

**San Ysidro Health Center**

San Ysidro Health Center  
4004 Beyer Blvd.  
San Ysidro, CA 92173  
\*(619) 662–4104

Chula Vista Family Clinic  
865 Third Avenue, Suite 133  
Chula Vista, CA 91910  
\*(619) 498–6200

National City Family Clinic  
1136 D Avenue  
National City, CA 91950  
\*(619) 336–2300

Otay Family Health Center  
1637 Third Avenue  
Chula Vista, CA 91911  
\*(619) 205–1360

**Vista Community Clinics**

1000 Vale Terrace  
Vista, CA 92084  
\*(760) 631–5000

**\*Urgent Primary Care  
applications available at these  
clinics.**



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**CMS Program Pharmacies**

**Alvarado Community Pharmacy**

6367 Alvarado Ct #109  
San Diego, CA 92120  
(619) 287-7697

**Community Pharmacy of Escondido**

757 East Valley Parkway  
Escondido, CA 92025  
(760) 743-6300

**Alvarado Medical Plaza Pharmacy**

5555 Reservoir Drive, Suite 114  
San Diego, CA 92120  
(619) 287-5035

**Community Prescription Center**

640 University Ave  
San Diego, CA 92103  
(619) 295-6688

**Avocado Pharmacy**

248 Avocado Avenue  
El Cajon, CA 92020  
(619) 442-0417

**Comprehensive Health Ctr Pharmacy**

3177 Ocean View Blvd  
San Diego, CA 92113  
(619) 231-9300

**Care Drugs**

505 N. Mollison Ave #101A  
El Cajon, CA 92021  
(619) 441-8051

**CVS Pharmacare Specialty Pharmacy**

1010 University Ave  
San Diego, CA 92103  
(619) 291-7377

**Cedar Pharmacy**

10737 Camino Ruiz #138  
San Diego, CA 92126  
(858) 536-7799

**Fallbrook Pharmacy**

343 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3128

**Clark's Greenfield Pharmacy**

1685 East Main Street, Suite 101  
El Cajon, CA 92021  
(619) 441-5800

**Fletcher Med Pharmacy**

8881 Fletcher Parkway, Suite 103  
La Mesa, CA 91942  
(619) 463-7770

**Community Medical Pharmacy**

750 Medical Center Court, Suite 1  
Chula Vista, CA 91911  
(619) 421-1131

**Galloways Pharmacy**

2995 National Avenue  
San Diego, CA 92113  
(619) 525-1551

**Community Pharmacy**

29115 Valley Center Rd #F  
Valley Center, CA 92082  
(760) 749-1156

**Hillcrest Pharmacy**

120 University  
San Diego, CA 92103  
(619) 260-1010



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**CMS PROGRAM PHARMACIES (CONTINUED)**

**Imperial Beach Pharmacy**

720 Highway 75  
Imperial Beach, CA 91932  
(619) 424-8143

**La Mesa Pharmacy**

8301 La Mesa Boulevard  
La Mesa, CA 91941  
(619) 466-3246

**Leo's Lakeside Pharmacy**

9943 Maine Avenue  
Lakeside, CA 92040  
(619) 443-1013

**Linda Vista Pharmacy**

2361 Ulric Street  
San Diego, CA 92111  
(858) 277-6145

**Logan Heights Family Health Center**

1809 National Ave.  
San Diego, CA 92113  
(619) 515-2492

**Longs Drugs**

10350 Friars Road  
San Diego, CA 92120  
(619) 563-9990

**MED CARE Pharmacy**

161 Thunder Drive, Suite 100  
Vista, CA 92083  
(760) 758-0401

**Medco Drugs**

1252 Broadway  
El Cajon, CA 92021  
(619) 440-3448

**Medical Center Pharmacy**

340 4<sup>th</sup> Ave. #1  
Chula Vista, CA 91910  
(619) 422-9291

**Medical Center Pharmacy**

1635 3rd Ave, Suite A  
Chula Vista, CA 91911  
(619) 585-8818

**Medical Center Pharmacy**

865 3<sup>rd</sup> Ave. #102  
Chula Vista, CA 91911  
(619) 585-0665

**Medical Center Pharmacy**

765 Medical Center Ct. #208  
Chula Vista, CA 91911  
(619) 656-2846

**Medical Center Pharmacy**

310 Santa Fe Dr. #109  
Encinitas, CA 92024  
(760) 753-9433

**Medical Center Pharmacy**

7930 Frost St. #104  
San Diego, CA 92123  
(858) 560-1911

**Neighborcare-San Diego**

5825 Oberlin Dr. #300  
San Diego, CA 92121  
(858) 453-8948

**Neighborhood Healthcare Pharmacy**

460 N Elm St  
Escondido, CA 92025  
(760) 737-2025



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**CMS PROGRAM PHARMACIES (CONTINUED)**

**Nudo's Pharmacy**

455 North Magnolia Avenue  
El Cajon, CA 92020  
(619) 442-0303

**Priority Pharmacy**

3935 1<sup>st</sup> Ave  
San Diego, CA 92103  
(619) 688-2290

**Park Boulevard Pharmacy**

3904 Park Boulevard  
San Diego, CA 92103  
(619) 295-3109

**Quality Care Pharmacy**

727 West San Marcos Blvd., Suite 113  
San Marcos, CA 92069  
(760) 744-5959

**PillCo Pharmacy #1**

8575 Los Coches Road, Suite 5  
El Cajon, CA 92021  
(619) 561-5602

**Ralph's Pharmacy**

300 N. 2<sup>nd</sup> St.  
El Cajon, CA 92021  
(619) 579-8022

**PillCo Pharmacy #2**

2939 Alta View Drive, Suite L  
San Diego, CA 92139  
(619) 470-4550

**Ramona Pharmacy**

677 Main Street  
Ramona, CA 92065  
(760) 789-0180

**PJ's Prescription Shoppe**

3405 Kenyon Street  
San Diego, CA 92110  
(619) 223-5405

**Rancho Park Pharmacy**

1331 Encinitas Boulevard  
Encinitas, CA 92024  
(760) 436-2011

**Price Rite Pharmacy**

5115 Garfield St  
La Mesa, CA 91941  
(619) 469-0161

**Rite Aid Pharmacy**

1665 Alpine Blvd.  
Alpine, CA 91901-3859  
(619) 659-1085

**Price Rite Pharmacy**

7964 Arjons Drive, Suite 1  
San Diego, CA 92126  
(858) 860-2080

**Rite Aid Pharmacy**

7100 Avenida Encinas C  
Carlsbad, CA 92009  
(760) 431-7380



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**CMS PROGRAM PHARMACIES (CONTINUED)**

**Rite Aid Pharmacy #1**  
3650 Adams Avenue  
San Diego, CA 92116  
(619) 563-0802

**Rite Aid Pharmacy #2**  
4840 Niagara Ave.  
San Diego, CA 92107  
(619) 222-7503

**Rite Aid Pharmacy #3**  
4077 Governor Drive  
San Diego, CA 92122  
(858) 453-4455

**San Ysidro Hlth Ctr**  
4004 Beyer Blvd  
San Ysidro, CA 92173  
(619) 662-4142

**Sav Mart Pharmacy**  
3445 Midway Dr. #A  
San Diego, CA 92110  
(619) 223-2291

**Semca Pharmacy**  
286 North Euclid Avenue, Suite 206  
San Diego, CA 92114  
(619) 263-6635

**Statscript Pharmacy**  
3900 5<sup>th</sup> Ave. #110  
San Diego, CA 92103  
(619) 294-5474

**Tri City Comm Health Ctr**  
161 Thunder Dr. #212  
Vista, CA 92083  
(760) 631-5030

**UCSD Ambulatory Care Pharmacy**  
4168 Front Street  
San Diego, CA 92103  
(619) 543-6191

**UCSD Medical Center Pharmacy**  
200 West Arbor  
San Diego, CA 92103  
(619) 543-6191

**UCSD Medical Group Pharmacy**  
330 Lewis Street  
San Diego, CA 92103  
(619) 471-9235

**UCSD Moores Cancer Center**  
3855 Health Science Drive  
LaJolla, CA 92092-0845  
(858) 822-608

**UCSD Perlman Pharmacy**  
9350 Campus Point Dr.  
La Jolla, CA 92037-7729  
(858) 657-8610

**Upas Pharmacy**  
3332 Third Avenue  
San Diego, CA 92103  
(619) 297-1677

**Vista Community Clinic**  
517 N Horne St.  
Oceanside, CA 92054  
(760) 631-5250

**Vista Community Clinic**  
1000 Vale Terrace  
Vista, CA 92084  
(760) 631-5000



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**CMS PROGRAM PHARMACIES (CONTINUED)**

**White Cross Drug Store**

474 Fairmount Avenue

San Diego, CA 92105

(619) 284-1141



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**CMS PRIMARY CARE DENTAL CLINICS BASIC DENTAL SERVICES**

| <b>Denti-Cal Code</b> | <b>Description</b>   |
|-----------------------|--|
| 9010                  | Initial dental exam  |
| 9020                  | Dental office visit for treatment and observation of injuries to teeth |
| 9030                  | Office visit after regular hours                                       |
| 9040                  | Consultation, dental specialist  |
| 9080                  | Emergency treatment, palliative  |
| 9110                  | Intraoral periapical, single, first film                               |
| 9111                  | Intraoral periapical, each additional film                             |
| 9112                  | Film series, at least 14 periapical films plus bitewings               |
| 9113                  | Intraoral, occlusal, each film   |
| 9114                  | Extraoral, head or lateral jaw, single                                 |
| 9115                  | Extraoral, head or lateral jaw, each additional film                   |
| 9116                  | Bitewings, two films   |
| 9118                  | Bitewings, anterior, one film  |
| 9200                  | Removal of erupted tooth, first tooth                                  |
| 9201                  | Removal of erupted tooth, each additional tooth                        |
| 9202                  | Removal of erupted tooth, surgical                                     |
| 9220                  | Post-operative visit, complications                                    |
| 9260                  | Incision and drainage of abscess, intraoral                            |
| 9261                  | Incision and drainage of abscess, extraoral                            |
| 9273                  | Reimplantation/stabilization of evulsed tooth                          |
| 9292                  | Suture soft tissue wound or injury                                     |
| 9301                  | Conscious sedation (nitrous oxide)                                     |
| 9451                  | Emergency treatment (periodontal abscess, etc.)                        |
| 9453                  | Occlusal adjustment (minor spot grinding)                              |
| 9501                  | Pulpotomy, therapeutic   |
| 9502                  | Pulpotomy, vital   |
| 9503                  | Recalcification (includes temporary restoration), per tooth            |
| 9534                  | Apexification (therapeutic apical closure)                             |
| 9611                  | Amalgam, one surface, permanent tooth                                  |
| 9612                  | Amalgam, two surfaces, permanent tooth                                 |



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| <b>Denti-Cal Code</b> | <b>Description</b>  |
|-----------------------|---|
| 9613                  | Amalgam, three surfaces, permanent tooth                        |
| 9614                  | Amalgam, four or more surfaces, permanent tooth                 |
| 9640                  | Silicate cement restoration                                     |
| 9641                  | Silicate cement restoration, two or more in a single tooth      |
| 9645                  | Composite or plastic restoration                                |
| 9646                  | Composite or plastic restoration, two or more in a single tooth |
| 9685                  | Recement inlay, facing, pontic                                  |
| 9686                  | Recement crown  |
| 9687                  | Recement bridge   |
| 9720                  | Denture adjustment, per visit                                   |